

**DISTRICT OF COLUMBIA
LIFE AND HEALTH INSURANCE GUARANTY FUND ASSESSMENT
PREMIUM TAX CREDIT**

CLASS B ASSESSMENT RECOVERY

COMPANY:

NAIC NO: _____ Group Code: _____ Company Code: _____

ADDRESS: _____

(A COMPUTER WORKSHEET MAY BE SUBMITTED IN PLACE OF THIS FORM.)

LIFE* AND A&H * All assessments prior to 2002 should be entered in the LIFE column.

CLASS B (ONLY)

NOTE: Proof of payment for assessments must be attached. This form is not proof of payment for assessment credits taken.

The 2001 Assessment Invoice or the 2001 "Certificate of Contribution" must be attached with this form.

Note: The District of Columbia allows companies to assume Life and Health Guaranty Fund tax credits through mergers or acquisitions. Any credits assumed should be added to your company's tax credits for the corresponding year of the original assessment. In addition, companies whose total Class B assessment is between \$0.10 and \$9.99 for any single year should take one single credit the following year.

The 2001 Assessment Invoice or the 2001 "Certificate of Contribution" must be attached with this form											
Years Assessed	LIFE Assessed	A&H Assessed	Total Amount Assessed (\$)	Years Taken	Tax Credit Schedule (\$) Class B (Only)	AMORTIZED TAX CREDIT SCHEDULE					
1994				1995							
1995				1996							
1996				1997							
1997				1998							
1998				1999							
1999				2000							
2000				2001							
2001				2002							
2002				2003							
2003				2004							
2004				2005							
				2006							
				2007							
				2008							
				2009							
				2010							
				2011							
				2012							
				2013							
				2014							

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E-X-A-M-P-L-E

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LIFE* AND A&H * All assessments prior to 2002 should be entered in the LIFE column.
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Years	LIFE	A&H	Amount	Years	Tax	Credit	Class B (Only)	AMORTIZED TAX CREDIT SCHEDULE											
Assessed	Assessed	Assessed	(S)	Taken	Schedule (S)														
1994	300		300																
1995	0		0	1995	30	30													
1996	150		150	1996	30	30	0												
1997	75		75	1997	45	30	0	15											
1998	(200)		(200)	1998	53	30	0	15	8										
1999	(50)		(50)	1999	33	30	0	15	8	(20)									
2000	0		0	2000	28	30	0	15	8	(20)	(5)								
2001	50		50	2001	28	30	0	15	8	(20)	(5)	0							
2002	150	50	200	2002	33	30	0	15	8	(20)	(5)	0	5						
2003	(475)	(25)	(500)	2003	53	30	0	15	8	(20)	(5)	0	5	20					
2004	275	25	300	2004	3	30	0	15	8	(20)	(5)	0	5	20					
				2005	3		0	15	8	(20)	(5)	0	5	20					
				2006	3			15	8	(20)	(5)	0	5	20					
				2007	(13)				8	(20)	(5)	0	5	20					
				2008	(20)					(20)	(5)	0	5	20					
				2009	0						(5)	0	5	20					
				2010	5							0	5	20					
				2011	5								5	20					
				2012	0									20					
				2013	(20)									(50)					
				2014	30														
	275	50	325		325	300	0	150	75	(200)	(50)	0	50	200					

Note: This form applies to Class B Assessments imposed by the D.C. Life and Health Insurance Guaranty Association, pursuant to D.C. Law 9-129, D.C. Code § 31-5410. The form must be completed and filed with the Insurance Tax Return by all companies taking Life and Health Guaranty Fund tax credits on line 13 of the Insurance Tax Return. These include Life and Health companies, and Property and Casualty companies that write Life and Health business. (A COMPUTER WORKSHEET MAY BE SUBMITTED IN PLACE OF THIS FORM.)